Jindal Aluminium Limited, Bangalore.		CUSTOMER REGISTRATION FORM		Marketing Department	
1	Customer Name		ITW INSULATION SYSTEMS FZE		
2	Address with PIN Code		WFE 09/21-32, RAKEZ PO BOX 86010, AL JAZEERA AL HAMRA, RAS AL KHAIMAH, U.A.E.		
	Name of Contact Persons (2 Nos.) with Contact Nos.		Mr. K. Unnikri	shnan	
3			TEL: +971-7-2433211, MOB: +971-50-9876071		
4	Telephone No (With STD/ ISD code)		+971-7-24332	+971-7-2433211	
5	What's App No (With ISD co	ode if outside India)			
6	Email ID		unni@sealumet.com		
7	Location - City / State / Zone				
8	Customer Types: a. Govt. Company b. PSU c. OEM d. Fabricator e. Contractor f. Trader		OEM		
9	Other Information - Sis Concern Company etc.				
10	Bank Details				
	Name of the Bank				
	Branch				
	A/c No. With copy of Cancelled cheque				
	IFSC Code Bank Contact Detail - Email	/ Phone No			
	GST No	/ FIIOHE INO.			
11	Provide copy of GST Regist	ration Certificate			
12	PAN No. Provide copy of PAN				
Date: 19.01.2021					
Place: BANGALORE			_	of Customer's Authorized n with Company Seal	

Jindal Aluminium Limited, Bangalore.		CUSTOMER REGISTRATION FORM		Marketing Department
1	PAYMENT INFORMATION:			
	Payment Terms (need drop down menu such as advance payment (30:70 or 100 % before dispatch) credit period, credit through Clean, LC, BG etc.)		30% Avance balance against scan copy of BL.	
	Credit Limit			
	Additional Credit Limit			
2	Bank Guarantee – Details: (If applicable, the below fields are mandatory)			
	Validity			
	Expiry Date			
	Amount			
3	Black Listed			
10	TECHNICAL INFORMATION: - To be filled by the Marketing Back office at the time of making AO			
	End Application - Actual End Application of Product - Door, Window, Pump Body, Pneumatic etc.			
	Industries - 12 Category (Bu Automobile, Transmission & Electronic, Defence, Medica Modular, Textile & Defence	Distribution, Electrical &		
	Aesthetic Requirement - Sel Anodising / PVDF / Achroma	`		
	Special Tolerance Requirem	nent		
	Special Packing Requirement	nt		
	Special Remarks.			
Registration done by Employee Name:				
Date:			Signa	ture of the Employee.